

Appeals Information Management System (AIMS) Portal User Guide

For Clients



DMAS created the AIMS Portal to help you or your authorized representative file a request for an appeal. You can also track the status of your appeal, ask to reschedule a hearing, upload documents, review documents related to your appeal, and withdraw your appeal request.

This guide leads you through how to use the AIMS Portal with clear, illustrated instructions.

Introduction

The Appeals Information Management System, or AIMS, was created to help process client and provider appeals in a timely manner, according to regulations governing Medicaid appeals.

You, the Client (and your authorized representative, if you have one), can sign up for online access to AIMS through this online portal.

With your registered account on the portal, you or your authorized representative can create appeals, track the status of appeals, upload documents, review DMAS appeal documents, withdraw your appeal request, and request to reschedule an appeal hearing.

Even though we encourage you to use AIMS to file and manage your appeals, the DMAS Appeals Division will continue to accept appeals via other channels: mail, email, fax, in person, and over the phone.

Who is a “Client”?



A Client is a person filing an appeal because their application for Medicaid coverage or services was denied, or because Medicaid coverage or services have been reduced or terminated.

This AIMS User Guide for Clients shows you how to use the portal. Click on any of the following topics to go to that section:

- [AIMS Account Registration and Login](#)
- [Navigating AIMS](#)
- [Create and Submit a New Appeal \(for Yourself\)](#)
- [Create and Submit a New Appeal \(as an Authorized Representative\)](#)
- [My Appeals](#)
- [Viewing an Appeal](#)
- [Withdraw an Appeal or Request to Reschedule a Hearing](#)
- [Upload and Download Documents](#)
- [Account Maintenance](#)
- [Need Support?](#)

AIMS Account Registration and Login

You and/or your authorized representative can register and create an online account. This gives you easy and secure access to the portal. Each person registering must provide their own unique email address and create a password for security.

To register and create your new account, follow these steps.

1. Go to the following website address:
<https://vamedicaid.dmas.virginia.gov/training/appeals>. Read about the portal on the screen and note the phone number (804-371-8488) to call if you need help.

2. Go to the following website address to register and create an online account: <https://appeals-registration.dmas.virginia.gov/client>.

3. Complete the **First Name**, **Last Name** fields, enter your email address and then confirm it by re-entering it in the **Confirm Email Address** field.

4. Below the **Confirm Email Address** field, read the *Attestation Statement*. If you agree, check the checkbox.
Your registration is NOT complete until you check the checkbox.

5. Check the **I'm not a robot** security checkbox.

6. Finally, click the **Register** button.

7. A message displays that your registration request was received. The system sends notifications to the email address you provided for your new account.

8. For security, we send your username and temporary password in separate emails. Change your password when you log in.

Log In

The AIMS portal is a secure web-based system, and safe for you to upload personal health information.

1. To log in to AIMS, press and hold the control key and click this URL: <https://login.vamedicaid.dmas.virginia.gov/SecureISS/landingpage>. The first step is to set your new password. The **Change Password** appears where you can enter your temporary password in the **Current Password** field.
2. Next, enter a new password in the **New Password** field.



Your new password must meet these requirements.

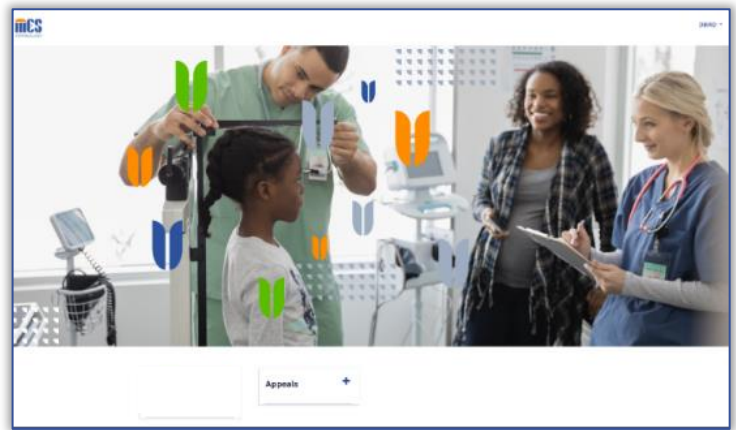
Password Requirements

- At least 12 characters' long
- MUST contain at least one uppercase or lowercase letter
- MUST contain at least one number
- MUST NOT contain any of these special characters: " # () { -
- Cannot match any of the last 24 passwords used

3. Click the **Set Password** button.
4. The dashboard displays and you can log into AIMS.
5. Enter your username (your email address) in the **Username** field.
6. Enter your password in the **Password** field.
7. Click the **Sign-In** button.



8. On the **MES** dashboard, click the **Appeals** tile to expand.



9. Click the Appeals Information Management System (AIMS) link.

Virginia Department of Medical Assistance Services
Appeals Division
600 E Broad St
Richmond VA 23219
Phone Number: 804-371-8488
Fax: 804-452-5454

Create New Appeal **My Profile**

My Appeals

Show 10 entries

Appeal Number	Filed Date	Agency	Continued Coverage	Status	Hearing Type	Hearing Date	Hearing Time	Decision Due Date	Closed Date	Decision Outcome
C-000005259	08/12/2020	Accomack Department of Social Services	Not Requested	Closed	Phone	09/03/2021	01:00 pm	11/24/2020	11/17/2020	
C-000005260	08/12/2020	Accomack Department of Social Services	Approved	Scheduled	Phone	07/12/2021	08:00 am	08/24/2020		
C-000005260	08/12/2020	Accomack Department of Social Services	Approved	Scheduled	Phone	07/12/2021	08:00 am	08/24/2020		

Create My Profile

After the initial login, AIMS will direct you to the **Client** tab to update your user profile. Your user profile tells the DMAS Appeals Division who you are. If you are filing an appeal for yourself, enter all your information. DMAS uses the information you give us to contact you during the appeal process. If you are an individual or group filing for someone else, enter your information so DMAS will know how to contact you about this appeal. You will add information about the person you are filing for on the **Create New Appeal** form after saving your profile.



Complete all the required fields and click **Save**. If you move away from this screen, just click the **My Profile** icon on your dashboard.

1. In the **Create Your Profile** section, confirm and complete all fields that you can.



Complete all required fields (R), including First Name, Last Name, and Date of Birth.

Some information may already be listed based on information entered during account registration.

Create Your Profile

You will use this page to tell the DMAS Appeals Division who you are. You could be the appellant, or someone representing an appellant. The DMAS Appeals Division will use the information you provide here to communicate with you during the appeal process.

- If you are filing an appeal for yourself enter **your information** below.
- If you are an individual or group filing on behalf of someone else, enter **your information** below so we know how to contact you about this appeal. You will add the information of the person you are filing for on the "Create New Appeal" form after you save your profile.

First Name

John

R

Last Name

Macaroni

R

Suffix

If you are filing an appeal for yourself provide this additional information, having this information helps us identify who you are. If you are filing for someone else, do not answer these questions: you will add their personal information when you create an appeal on the next form.

Date of Birth

11/01/2000

(mm/dd/yyyy) R

SSN

XXX-XX-3333

Medicaid Member ID

Medicaid Case Number

2. Under **Communication Preferences**, enter your mailing address and other communication details.

3. Use the dropdown arrows next to each field to select your Preferred Mode of Communication (email or regular mail), Preferred Written Language, and Preferred Spoken Language.

Communication Preferences

We want to know how to communicate with you during the appeal process. If you choose email, we will send you an email notification for you to check your AIMS portal account for the most up to date appeal status when there is new information regarding your appeal. You will also receive a letter confirming you have opted for your communications to be sent over email rather than regular mail. If you make an address change during the appeal process, it will take one business day to update. For military addresses please contact DMAS at 804-371-8486 to ensure you can receive mail at your location.

C/O

Address 1

625 33rd Street

R

Address 2

City

Sacramento, CA

R

State

California

R

Zip Code

95816

R

Primary Phone Number

Is Mobile

☐ Yes ☐ No

Secondary Phone Number

Email Address

jm1101@email.com

R

Preferred Mode of Communication

Email

R

Preferred Written Language
(Only Spanish can currently be automatically translated. If you have a different preferred written language, you can contact us to have the document translated into the other language)

Email

English

R

Preferred Spoken Language

English

R

Regular Mail

Save Profile and Go Home



Choosing **Email** for communication enables you to receive an email alert anytime a change is made to your appeal file, reminding you to check the most current status of your appeal and any new documents added. If you choose Email for Communication, you will not receive copies of appeal documents through regular U.S. mail.

4. To save the information and return to your dashboard or home screen, click the **Save Profile and Go Home** button.

- A popup displays two options to select from **Save address as Entered** or **Save as Validated**. Once your selection is made your information is saved and you are returned to your dashboard or home screen.

Navigating AIMS

Use the AIMS portal to submit client appeal requests online. For any appeal you submit, the AIMS portal lets you quickly access and monitor your appeals as they move through the process. AIMS helps you upload documents needed for your appeal. You can also withdraw an appeal and view existing documents on an appeal.

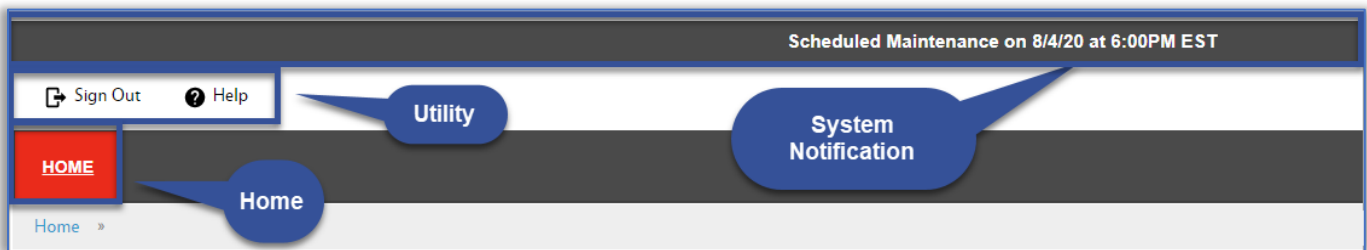


AIMS is a dynamic system, which means as you enter information or make selections in the portal, new fields or options may pop up.

Some fields display a red "R" icon (R) next to the field in the AIMS portal. This icon means it is a required field. You must complete all the required fields before saving or submitting a form or document.

Dashboard and General Navigation

After logging in, your **Home** screen or dashboard displays. Navigation bars and tabs on this screen also appear on screens throughout the AIMS portal, such as the **Home** tab, **Utility** bar, and **System Notifications** bar.



System Notifications Bar

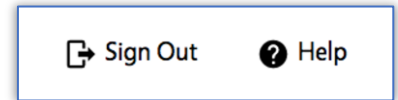
The **System Notifications** bar at the top of your screen shows time sensitive notices about the system. Usually, this notifies you of brief maintenance shut downs.

Utility Bar

The **Utility** bar, located just below the **System Notifications** bar, is available throughout the portal. There are two (2) options on the **Utility** bar.

Sign Out: To log off of the AIMS portal.

Help: Displays a popup where you can search for page-specific help and links to other resources.



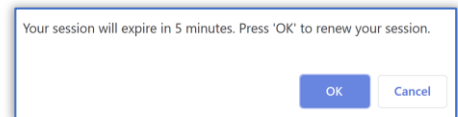
Home Tab

The **Home** tab is located just below the **Utility** bar and is always displayed. Just click **Home** to return to your dashboard.

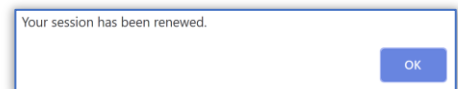
Security Timeout

For security purposes, your AIMS session times out after 15 minutes of inactivity. After 10 minutes of inactivity, a popup message gives you a 5-minute warning.

1. If you want to stay logged in, just click **OK**.



2. A second popup confirms your session; click **OK** to continue.

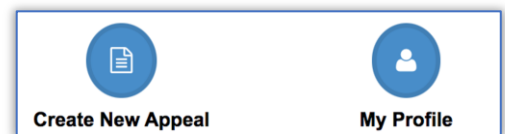


Dashboard Icons

Dashboard icons give you an easy path to either submit a new client appeal or to update your profile when changes are needed.

Create New Appeal: Click this icon to create and submit a new client appeal

My Profile: Click this icon to update your profile



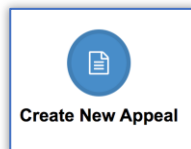
Create and Submit a New Appeal (for Yourself)

The first step in the appeals process is to submit an appeal request. To create and submit a new client appeal for yourself, click the **Create New Appeal** icon on your dashboard and complete the following steps.



(To file an appeal for someone else, please go to the Create and Submit a New Appeal (as an Authorized Representative), later in this document.)

1. Click the **Create New Appeal** icon.



2. The first section is information about **Your Right To Appeal**. Please review this before going to the next section on the screen.

For more information about the appeals process, click the [DMAS Appeal Resources](#) link.

Your Right To Appeal

You have the right to request an appeal of any action related to an initial application for Medicaid, FAMIS, or Plan First, or any action affecting your continued eligibility for Medicaid, FAMIS, or Plan First. This includes delayed processing of your application, actions to deny or reduce your request for medical services, or an action to reduce or terminate coverage after your eligibility has been determined.

On this page, be specific about what action or decision you wish to appeal. **It is very important to include a copy of the notice about the action if you have one.**

The DMAS Appeals Division will review your request to determine whether you submitted all of the necessary information needed for your appeal to continue. If your appeal does not meet the requirements for a state fair hearing, you will be notified.

If your request meets the requirements for a state fair hearing, you will receive a notice of the date, time, and the phone number or location of the scheduled hearing. Most hearings can be held by telephone. After the hearing, the Hearing Officer will write a decision about your appeal. The Hearing Officer's decision is the final administrative decision rendered by the Department of Medical Assistance Services. However, if you disagree with the Hearing Officer's decision, you may appeal it to your local circuit court.

For more information about the appeals process, visit [DMAS Appeal Resources](#)

3. In the **Create An Appeal** section, select the **No** radio button for *Are you filing for someone else?* You are selecting "**No**" because you are filing for yourself.

Create An Appeal

In this section, provide more information on the person who received the adverse action. An adverse action could be a denial of benefits, eligibility, service hours or another action for which you are appealing. The information in this section could be you or someone else. If you are filing an appeal for another person who received an adverse action, give us their information in this section.

Are you Filing for Someone Else?

☐ Yes ☒ No



4. In the next section, **Continued Coverage**, select **Yes** or **No** to answer the question about continued coverage.

5. If you choose **Yes** for Continued Coverage, enter your **initials** to confirm the request. If you choose No, move to Step 6.

Continued Coverage

If you are appealing because your benefits are being stopped or reduced, you may ask to have your coverage continued during your appeal. In order to continue your coverage, you must file your appeal before the date that your coverage ends or within 10 days of the date on the letter that stopped or reduced your benefits. Not every case qualifies for continued coverage. You may have to pay back Medicaid for the coverage you received if you lose your appeal.

Important Information if Requesting Continued Coverage

If continued coverage is received during the appeal and the final appeal decision supports the agency's action, you may be expected to repay DMAS for all services received during the appeal process. For this reason, you may choose not to receive continued coverage.

If the member had Medicaid coverage before the benefits were cancelled or reduced, do you want to continue coverage through the appeal process if the member qualifies?

☒ Yes
 ☐ No
 R

Provide your initials to confirm you want to continue receiving coverage through the appeal process.

RP R

6. In the **Appeal Information: What Are You Appealing?** section, next to: *Provide the Agency or MCO name that sent the adverse action...*, enter the name of the Agency or MCO (*Managed Care Organization*).

“Adverse action” refers to the denial or termination that you are appealing, which was included in the Notice of Action document you received from an Agency or MCO.

Appeal Information: What Are You Appealing?

Provide the Agency or MCO name that sent the adverse action or failed to act on your request.

Example Agency

If you received a Notice of Action, provide the date on the document.

09/01/2020 📅 (mm/dd/yyyy)

If you received a Final MCO Decision, provide the date on the document.

11/30/2020 📅 (mm/dd/yyyy)

Explain why you want a hearing. Be specific to help us understand why you are unhappy with the decision you received.

R

Are you a community spouse appealing the income or resource determination for your spouse?
(A Community Spouse is married to a person applying for or receiving Long Term Care (LTC) Medicaid Services.)

☐ Yes
 ☒ No
 R

Upload a Copy of your Notice

Browse



A Managed Care Organization is a health care company that agrees to provide most Medicaid benefits.

7. Enter the date on the *Notice of Action* you received, if known. The *Notice of Action* is the document that notified you of the adverse action you are appealing.

If you received a Notice of Action, provide the date on the document.

09/01/2020 📅 (mm/dd/yyyy)

8. Enter the date on the *Final MCO Decision* you received, if known. If you

If you received a Final MCO Decision, provide the date on the document.

11/30/2020 📅 (mm/dd/yyyy)

are not appealing an MCO action, skip this question.

9. In the next text field, explain why you are filing an appeal.

Explain why you want a hearing. Be specific to help us understand why you are unhappy with the decision you received.

Enter specifics about why you want a hearing...

10. If you are a community spouse appealing the income or resource determination for your spouse, click the **Yes** radio button.

Are you a community spouse appealing the income or resource determination for your spouse?

(A Community Spouse is married to a person applying for or receiving Long Term Care (LTC) Medicaid Services.)

☐ Yes ☒ No

Otherwise, click **No**.



A Community Spouse is an individual married to a person applying for or receiving Long Term Care (LTC) Medicaid Services.

11. In the **Authorized Representative** section, select the **No** radio button if you do not have an Authorized Representative.

If you are planning to represent yourself, choose "No" here. If you would like to assign someone to represent you in the appeal process, choose "Yes," and fill in the Authorized Representative's information in the fields provided. You will still receive copies of all communications related to your appeal, even if you are assisted by an Authorized Representative.

Authorized Representative

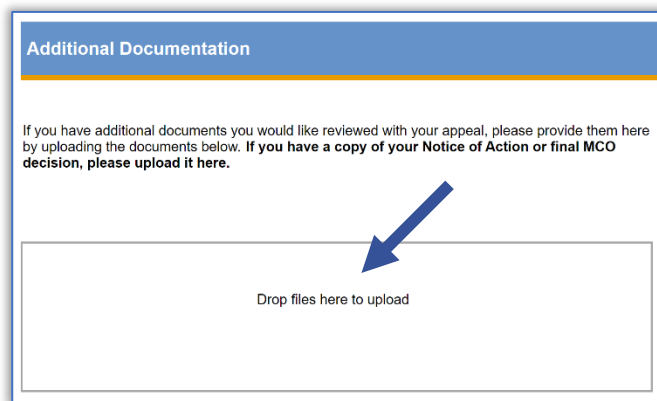
If you are filing an appeal for yourself, you can have someone help you. This person can be a family member, friend or attorney authorized to act on your behalf. If you designate an authorized representative, they may file an appeal, receive appeal documentation, request continued coverage, attend the hearing, withdraw your appeal, and receive your decision for you. You will be copied on any correspondence that is sent to your authorized representative.

Do you have someone you want to help you with your appeal as an Authorized Representative?

☐ Yes ☒ No

12. Use the **Additional Documentation** section to upload documents supporting your appeal request.

Use a file browser on your computer or device to find the file you want, then drag the document to the “Drop files here to upload” area. Or, click anywhere in the rectangle to open a file browser and find and select a document to upload.



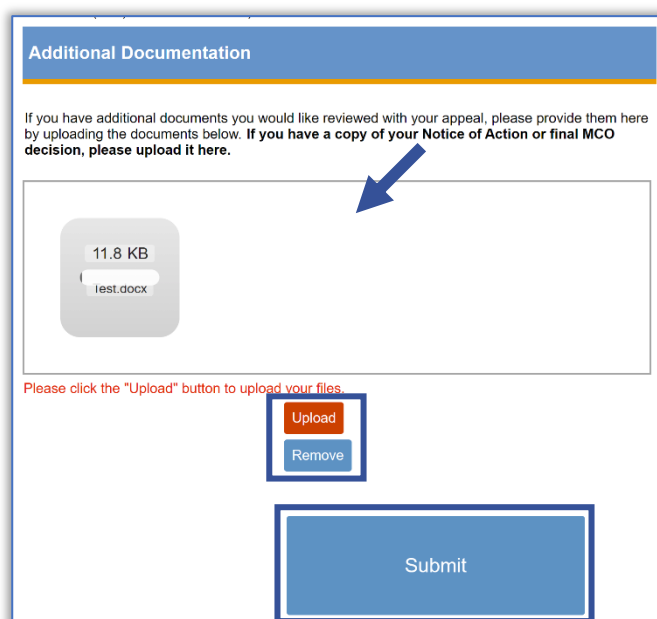
Additional Documentation

If you have additional documents you would like reviewed with your appeal, please provide them here by uploading the documents below. **If you have a copy of your Notice of Action or final MCO decision, please upload it here.**

Drop files here to upload

13. After adding documents to the upload area, append them to the appeal by clicking the **Upload** button. To start over, you can click **Remove** to clear all documents added before uploading them.

14. Once you have completed all sections and required information, click the **Submit** button.



Additional Documentation

If you have additional documents you would like reviewed with your appeal, please provide them here by uploading the documents below. **If you have a copy of your Notice of Action or final MCO decision, please upload it here.**

11.8 KB
test.docx

Please click the "Upload" button to upload your files.

Upload
Remove

Submit

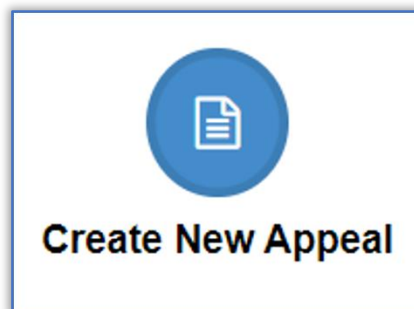
Create and Submit a New Appeal (as an Authorized Representative)

To create and submit a new client appeal as an authorized representative, click the **Create New Appeal** icon on your dashboard. When creating a new appeal, you can file for someone else as an authorized representative.

We may ask you to submit an additional document with a signature from the appellant telling us you can represent them. You can also submit a Client Authorized Representative Form, available on the DMAS website at

<http://www.dmas.virginia.gov/#/appealsresources>.

1. Click the **Create New Appeal** icon.



2. The first section is information about **Your Right To Appeal**. Please review this before going to the next section on the screen.

For more information about the appeals process, click the [DMAS Appeal Resources](#) link.

Your Right To Appeal

You have the right to request an appeal of any action related to an initial application for Medicaid, FAMIS, or Plan First, or any action affecting your continued eligibility for Medicaid, FAMIS, or Plan First. This includes delayed processing of your application, actions to deny or reduce your request for medical services, or an action to reduce or terminate coverage after your eligibility has been determined.

On this page, be specific about what action or decision you wish to appeal. **It is very important to include a copy of the notice about the action if you have one.**

The DMAS Appeals Division will review your request to determine whether you submitted all of the necessary information needed for your appeal to continue. If your appeal does not meet the requirements for a state fair hearing, you will be notified.

If your request meets the requirements for a state fair hearing, you will receive a notice of the date, time, and the phone number or location of the scheduled hearing. Most hearings can be held by telephone. After the hearing, the Hearing Officer will write a decision about your appeal. The Hearing Officer's decision is the final administrative decision rendered by the Department of Medical Assistance Services. However, if you disagree with the Hearing Officer's decision, you may appeal it to your local circuit court.

For more information about the appeals process, visit [DMAS Appeal Resources](#)

3. In the **Create An Appeal** section, select the **Yes** radio button for "Are you filing for someone else?"

4. After selecting **Yes**, additional fields and checkboxes display.

5. If you select **Yes** to "Is the Appellant Deceased?," you may need to provide additional documents authorizing you to represent the Appellant's estate.

6. If you select **Yes** to "Do you have authorized representative

Create An Appeal

In this section, provide more information on the person who received the adverse action. An adverse action could be a denial of benefits, eligibility, service hours or another action for which you are appealing. The information in this section could be you or someone else. If you are filing an appeal for another person who received an adverse action, give us their information in this section.

Are you Filing for Someone Else? ☒ Yes ☐ No

This is called an authorized representative. We may need to send you a document that will need a signature from the appellant telling us you can represent them. **You will be notified if we need this document signed.**

Your relationship to the appellant

Attorney

Is the Appellant Deceased?

☒ Yes ☐ No

If the answer to this question is yes, you may have to provide additional documents showing you are authorized to represent the Appellant's estate.

Do you have authorized representative documents you would like to include?

☒ Yes ☐ No

Authorized Representative Documents

Spouse
Family Member
Attorney
Advocacy Group
Executor
Other

documents...,” an additional field lets you upload Authorized Representative Documents.

7. In the **Appellant Information** section provide information about the Appellant. Enter your answer to each item in the text box.

You must complete all required (R) fields, which include First Name, Last Name, Address information, and Date of Birth.

Appellant Information

Provide information on the person who received the adverse action:

First Name	<input type="text"/>	(R)
Last Name	<input type="text"/>	(R)
C/O	<input type="text"/>	
Address 1	<input type="text"/>	(R)
Address 2	<input type="text"/>	
City	<input type="text"/>	(R)
State	<input type="text" value="v"/>	(R)
Zip Code	<input type="text"/>	(R)
Primary Phone Number	<input type="text"/>	
Secondary Phone Number	<input type="text"/>	
Email Address	<input type="text"/>	
Date of Birth	<input type="text" value="(mm/dd/yyyy)"/>	(R)
SSN	<input type="text"/>	
Medicaid Member ID	<input type="text"/>	
Medicaid Case Number	<input type="text"/>	

For you to represent the appellant in the appeal, submit proof of representation. You can fill in the authorized representative form or attach a letter designating you as the representative.

8. In the next section, **Continued Coverage**, select **Yes** or **No** to answer the question about continued coverage.

9. If you choose **Yes** for Continued Coverage, another field pops up for the Authorized Representative to enter their **initials** to confirm the request.

Continued Coverage

If you are appealing because your benefits are being stopped or reduced, you may ask to have your coverage continued during your appeal. In order to continue your coverage, you must file your appeal before the date that your coverage ends or within 10 days of the date on the letter that stopped or reduced your benefits. Not every case qualifies for continued coverage. You may have to pay back Medicaid for the coverage you received if you lose your appeal.

Important Information if Requesting Continued Coverage

If continued coverage is received during the appeal and the final appeal decision supports the agency's action, you may be expected to repay DMAS for all services received during the appeal process. For this reason, you may choose not to receive continued coverage.

If the member had Medicaid coverage before the benefits were cancelled or reduced, do you want to continue coverage through the appeal process if the member qualifies?

☒ Yes ☐ No (R)

←

Provide your initials to confirm you want to continue receiving coverage through the appeal process.

RP (R)

10. In the **What Are You Appealing?** section, enter the Agency or MCO Name in the first field.

11. Enter the date on the *Notice of Action* you received, if known. The *Notice of Action* is the document that notified you of the decision you are appealing.

12. Enter the date on the *Final MCO Decision* you received, if known. If you are not appealing an MCO action, skip this question.

13. In the next text field, explain why you are filing an appeal.

14. If you are a community spouse appealing the income or resource determination for your spouse, click the **Yes** radio button. Otherwise, click **No**.



A Community Spouse is an individual married to a person applying for or receiving Long Term Care (LTC) Medicaid Services.

15. Use the **Additional Documentation** section to upload documents supporting your appeal request.

Use a file browser on your computer or device to find the file you want, then drag the document to the “Drop files here to upload” area. Or, click anywhere in the rectangle to open a file browser and find and select a document to upload.

Appeal Information: What Are You Appealing?

Provide the Agency or MCO name that sent the adverse action or failed to act on your request. 10.

If you received a Notice of Action, provide the date on the document. (mm/dd/yyyy) 11.

If you received a Final MCO Decision, provide the date on the document. (mm/dd/yyyy) 12.

Explain why you want a hearing. Be specific to help us understand why you are unhappy with the decision you received. 13.

Are you a community spouse appealing the income or resource determination for your spouse?
(A Community Spouse is married to a person applying for or receiving Long Term Care (LTC) Medicaid Services.) ☐ Yes ☒ No 14

Additional Documentation

If you have additional documents you would like reviewed with your appeal, please provide them here by uploading the documents below. If you have a copy of your Notice of Action or final MCO decision, please upload it here.

Drop files here to upload

16. After adding documents to the upload area, append them to the appeal by clicking the **Upload** button.

To start over, you can click **Remove** to clear all documents added before uploading them.

17. Once you have completed all sections and required information, click the **Submit** button.

Additional Documentation

If you have additional documents you would like reviewed with your appeal, please provide them here by uploading the documents below. **If you have a copy of your Notice of Action or final MCO decision, please upload it here.**

11.8 KB
test.docx

Please click the "Upload" button to upload your files.

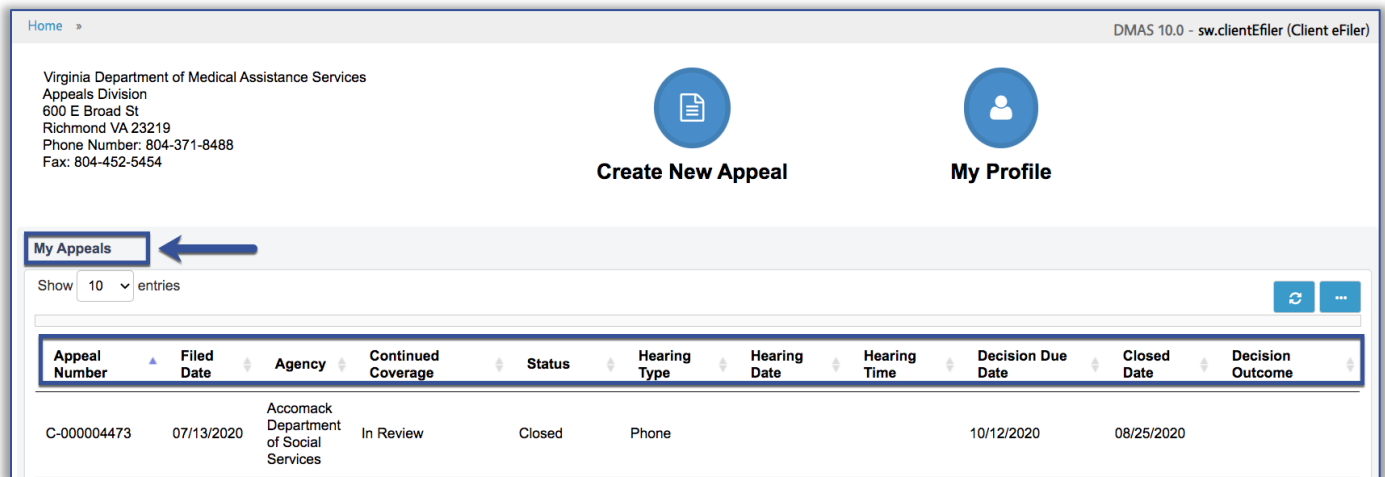
Upload

Remove

Submit

My Appeals

On your Home screen, or dashboard, the section titled **My Appeals** lists all appeals you have filed with DMAS through the AIMS portal. The **My Appeals** queue displays the status of each appeal, for easy tracking. The list includes appeal number, filed date, agency, continued coverage, status, hearing type, date and time, a decision due date, closed date, and final decision.



Appeal Number	AIMS automatically assigns an Appeal Number after you submit your appeal request.
Filed Date	The date your appeal request is filed (received) by DMAS.
Agency	The Agency whose action you are appealing.
Continued Coverage	If your Medicaid coverage has been cancelled or reduced and you wish to have coverage through the appeal process, you would include a request for Continued Coverage.
Status	Identifies the processing stage your appeal is in, such as Open, Pending Review, Pending Scheduling, Scheduled, or Closed.
Hearing Type	The type of hearing your appeal is scheduled for; Face-to-face, Phone, at the Agency, or Virtual.
Hearing Date	The date the hearing is scheduled.
Hearing Time	The time the hearing is scheduled.
Decision Due Date	The date on which a final decision is due.
Closed Date	The date your appeal closed.
Decision Outcome	The outcome of the decision is shown in this column.

Sort Your Appeals

If you have multiple appeals, the AIMS portal makes it easier to find and view them in several ways. For example, you can sort the list by column. To sort on a column, and toggle between ascending or descending, click on the **Column Heading**.

My Appeals

Show 10 entries

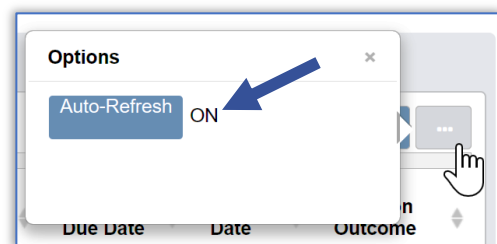
Appeal Number	Filed Date	Agency	Continued Coverage	Status	Hearing Type	Hearing Date	Hearing Time	Decision Due Date	Closed Date	Decision Outcome
C-000004473	07/13/2020	Accomack Department of Social Services	In Review	Closed	Phone			10/12/2020	08/25/2020	

Refresh Your Appeals

The AIMS portal refreshes the *My Appeals* queue automatically, but you can turn the refresh on or off. You may also refresh the queue on demand.

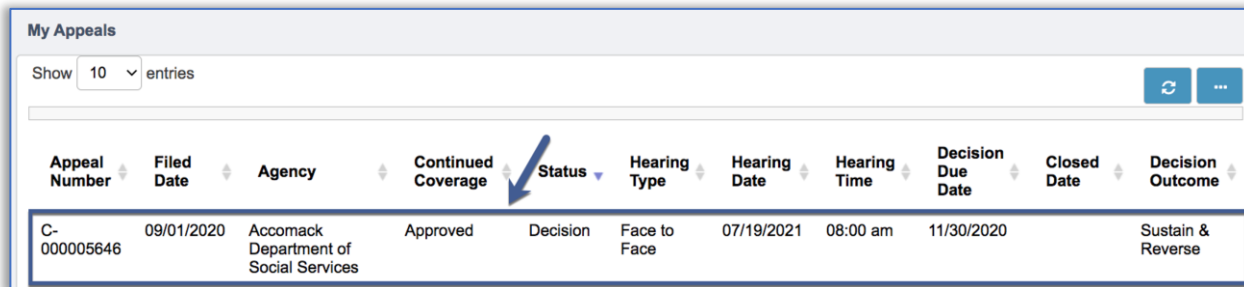
1. To refresh the *My Appeals* queue, click the **Refresh** button.
2. To turn **OFF** the automatic refresh function, click the **Ellipsis** button.
3. Click the **Auto-Refresh** button to toggle between auto-refresh ON or OFF.

Decision Due Date	Closed Date	Decision Outcome
09/18/2020		Substantially Prevail for Dept



Viewing an Appeal

To view an appeal, select the record from **My Appeals** queue on your Home screen. The information you see may vary, based on the status of the appeal. To select a record, click anywhere in that record's row.



Appeal Number	Filed Date	Agency	Continued Coverage	Status	Hearing Type	Hearing Date	Hearing Time	Decision Due Date	Closed Date	Decision Outcome
C-000005646	09/01/2020	Accomack Department of Social Services	Approved	Decision	Face to Face	07/19/2021	08:00 am	11/30/2020		Sustain & Reverse

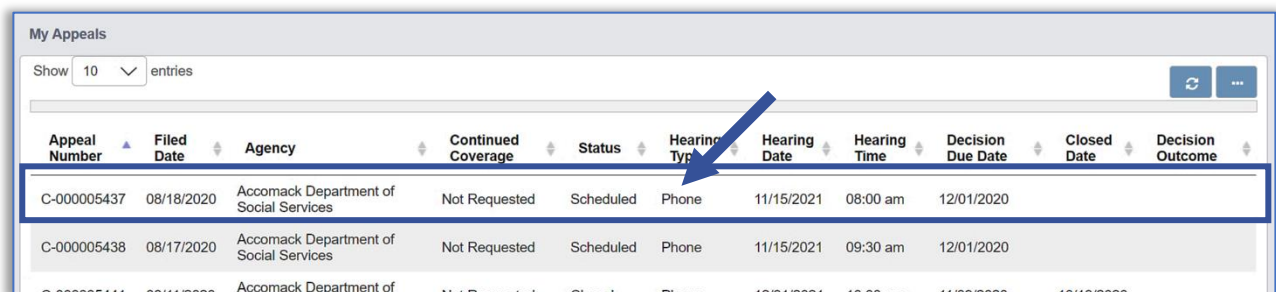
The screen refreshes and displays the **Appeal** screen when you select an appeal from the *My Appeals* list. The sections that display on the **Appeal** screen vary based on the appeal status. See the following sections for more information on the **Appeal** screen.

Withdraw an Appeal or Request to Reschedule a Hearing

After you submit an appeal, you can withdraw an open appeal at any time. Once a hearing date and time are scheduled, you may request to reschedule the hearing. To complete either of these actions, you start by selecting the appeal you wish to withdraw or the hearing you are requesting to reschedule from *My Appeals*.

Withdraw Your Appeal

- From *My Appeals*, select the appeal you want to withdraw. Click anywhere in the record's row to open it.



Appeal Number	Filed Date	Agency	Continued Coverage	Status	Hearing Type	Hearing Date	Hearing Time	Decision Due Date	Closed Date	Decision Outcome
C-000005437	08/18/2020	Accomack Department of Social Services	Not Requested	Scheduled	Phone	11/15/2021	08:00 am	12/01/2020		
C-000005438	08/17/2020	Accomack Department of Social Services	Not Requested	Scheduled	Phone	11/15/2021	09:30 am	12/01/2020		
C-000005441	08/11/2020	Accomack Department of	Not Requested	Closed	Phone	12/31/2021	10:00 am	11/09/2020	10/13/2020	

- In the **Appeal Actions** section, click the **Withdraw** button.



3. A popup message displays asking you to confirm or cancel the **Withdraw**. To confirm, click the "**OK**" button. To cancel, click the "**X**" in the top right corner of the message and close this popup.



4. After you click **OK**, the page refreshes. The **Upload a Document** and **Appeal Actions** sections no longer show on the **Appeals** screen.

No further actions can be taken on appeals that are closed. The withdrawn appeal displays in the list with a status of "Closed." A letter will be added to your document list confirming your withdrawal request.

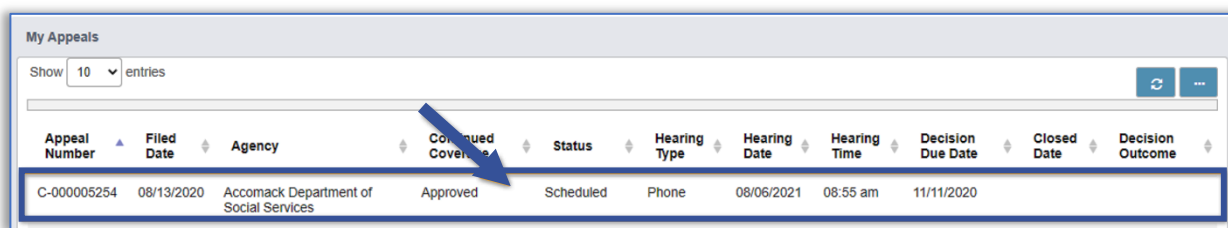
5. Return to the dashboard by clicking **Home**.

Reschedule Your Hearing

To reschedule an appeal, it must already be in the status **Scheduled** and have a hearing scheduled in the future. Open the appeal by clicking anywhere in its row.

The section titled **Appeal Actions** shows the **Reschedule** button. Under current regulations, an appeal can only be rescheduled twice absent special reasons.

1. From *My Appeals*, select the row of the appeal to reschedule.



2. Click the **Reschedule** button.

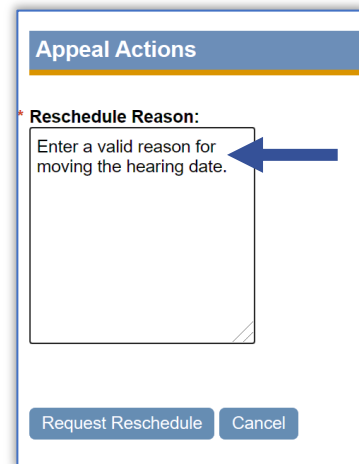


3. Type the **Reschedule Reason** in the text box. This will be reviewed by DMAS staff, so please include a detailed reason for why you are requesting to reschedule your hearing.

Keep in mind that rescheduling a hearing may result in a longer decision deadline for the case.

4. Then click the **Request Reschedule** button.

To cancel the reschedule request, click the **Cancel** button.



The screenshot shows a section titled "Appeal Actions". Below the title is a label "Reschedule Reason:" followed by a text box containing the placeholder text "Enter a valid reason for moving the hearing date." A blue arrow points to the text box. At the bottom of the section are two buttons: "Request Reschedule" and "Cancel".

Upload and Download Documents

When you open an appeal from the *My Appeals* queue, you can upload, download, or print a document.

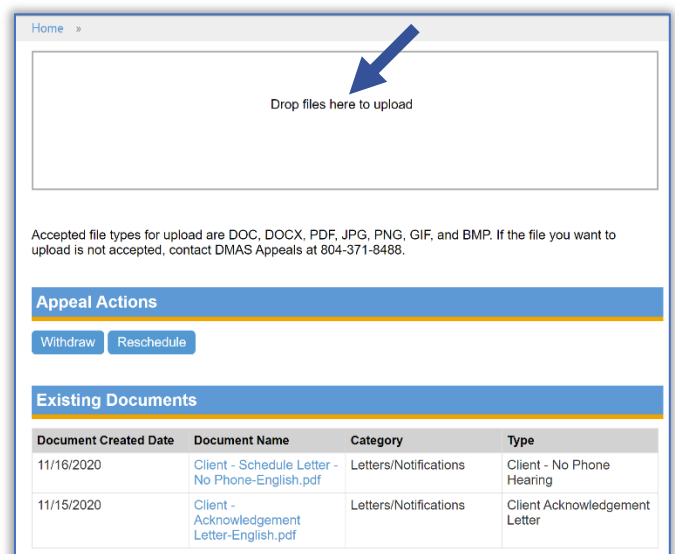
Adding documents to an appeal must follow the regulations and appeal process timeline set by the Hearing Officer. You can print or download documents related to your appeal, such as your Client eFiler Appeal Request. To print documents already associated with your appeal, go to the **Existing Documents** section and open a document to download or print.

Upload Documents

1. To upload documents to your appeal request, use a file browser on your computer or device to find the file you want, then drag the document to the "Drop files here to upload" area.

Or, just click anywhere in the rectangle to open a file browser, then locate and select a document to upload.

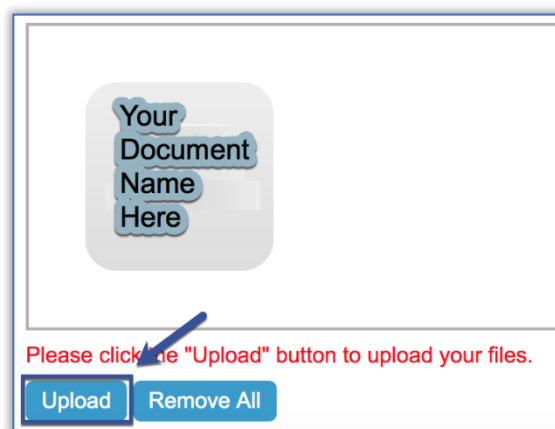
AIMS will capture the file type and the file name after you select the document.



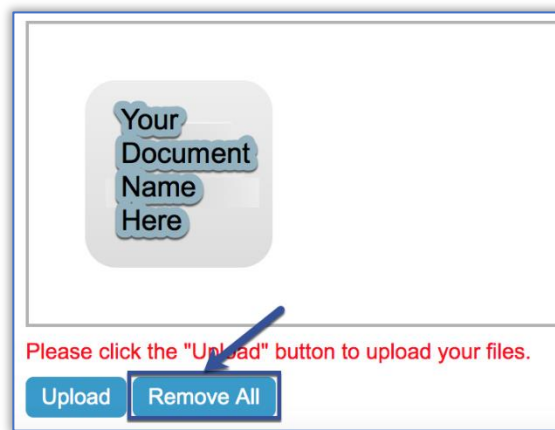
The screenshot shows the AIMS portal interface. At the top is a "Home" link. Below it is a large rectangular area with the text "Drop files here to upload" and a blue arrow pointing to it. Below this area is a message: "Accepted file types for upload are DOC, DOCX, PDF, JPG, PNG, GIF, and BMP. If the file you want to upload is not accepted, contact DMAS Appeals at 804-371-8488." Below this message are two sections: "Appeal Actions" with buttons "Withdraw" and "Reschedule", and "Existing Documents" which contains a table.

Document Created Date	Document Name	Category	Type
11/16/2020	Client - Schedule Letter - No Phone-English.pdf	Letters/Notifications	Client - No Phone Hearing
11/15/2020	Client - Acknowledgement Letter-English.pdf	Letters/Notifications	Client Acknowledgement Letter

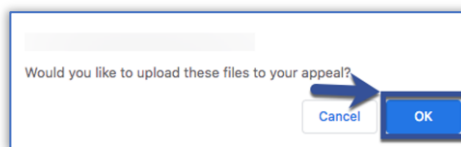
- After your document appears in the upload rectangle, click the **Upload** button attach it to your appeal record.



- If you selected the wrong document to upload, click the **Remove All** button. All uploaded documents are removed, and you can start over selecting the correct documents for upload.



- A popup message to confirm your action displays after clicking **Upload**. Click **OK** to continue uploading the document.



Important: Accepted file types for upload are DOC, DOCX, PDF, JPG, PNG, GIF, and BMP. If the file you want to upload is not accepted, contact us at 804-486-2865.

- The document displays in the **Existing Documents** section once it is uploaded.

Existing Documents			
Document Created Date	Document Name	Category	Type
10/27/2020	Client - Acknowledgement Letter-Spanish.pdf	Letters/Notifications	Client Acknowledgement Letter

Download Documents

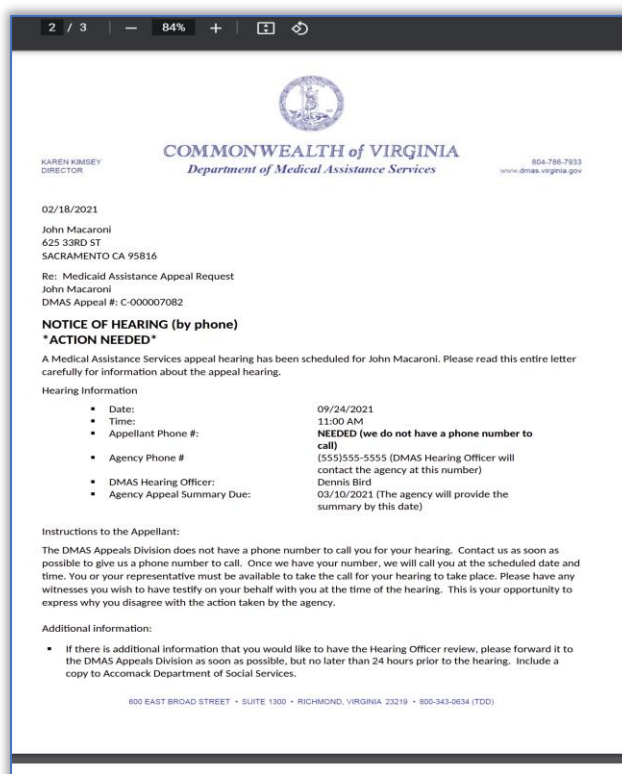
You can download documents already associated with your appeal from this section of the **Appeal** screen. After opening a document, you can save or print it.

In the appeal record, the **Existing Documents** section at the bottom of the screen lists the **Document Created Date**, **Document Name**, **Category**, and **Type** for each document.

1. In the **Existing Documents** section, click the **Document Name Link** you wish to download.

Existing Documents			
Document Created Date	Document Name	Category	Type
10/27/2020	Client - Acknowledgement Letter-Spanish.pdf	Letters/Notifications	Client Acknowledgement Letter

2. Depending on the type of file, the document displays on a separate browser tab or in Adobe Acrobat Reader.



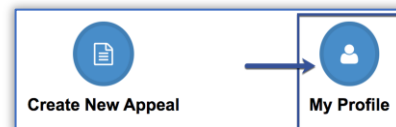
Most documents display in PDF file format, which includes text formatting and images. You can download and save the document to your computer and print a copy as needed. To print from the Adobe Reader application, select the printer icon.

Account Maintenance

Update My Profile

Follow these steps to update your profile.

1. Select the **My Profile** icon from your dashboard.



2. In the **Create Your Profile** and **Communication Preferences** sections, update any relevant fields.

3. To save the updated information and return to your dashboard or home screen, click the **Save Profile and Go Home** button.

HOME

Client

Create Your Profile

You will use this page to tell the DMAS Appeals Division who you are. You could be the appellant, or someone representing an appellant. The DMAS Appeals Division will use the information you provide here to communicate with you during the appeal process.

- If you are filing an appeal for yourself enter **your information** below.
- If you are an individual or group filing on behalf of someone else, enter **your information** below so we know how to contact you about this appeal. You will add the information of the person you are filing for on the "Create New Appeal" form after you save your profile.

First Name: John

Last Name: Macaroni

Suffix:

If you are filing an appeal for yourself provide this additional information, having this information helps us identify who you are. If you are filing for someone else, do not answer these questions: you will add their personal information when you create an appeal on the next form.

Date of Birth: 11/01/2000 (mm/dd/yyyy)

SSN: XXX-XX-3333

Medicaid Member ID:

Medicaid Case Number:

Communication Preferences

We want to know how to communicate with you during the appeal process. If you choose email, we will send you an email notification for you to check your AIMS portal account for the most up to date appeal status when there is new information regarding your appeal. You will also receive a letter confirming you have opted for your communications to be sent over email rather than regular mail. If you make an address change during the appeal process, it will take one business day to update. For military addresses please contact DMAS at 804-371-8488 to ensure you can receive mail at your location.

C/O:

Address 1: 625 33rd Street

Address 2:

City: Sacramento, CA

State: California

Zip Code: 95816

Primary Phone Number:

Is Mobile: ☐ Yes ☐ No

Secondary Phone Number:

Email Address: jm1101@email.com

Preferred Mode of Communication: Email

Preferred Written Language (Only Spanish can currently be automatically translated. If you have a different preferred written language, you can contact us to have the documents translated into the other language): English

Preferred Spoken Language: English

Save Profile and Go Home

Need Support?

If you have questions about the AIMS portal or need support, please contact Technical Support at (804) 486-2865.